

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037990

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. *84*

Primary Registration District No. _____

Registrar's No. *183*

FILED NOV 13 1962

VS 300
Rev. 4/59

1 *0190*
2 *3758*
3
4 *0*
5 *1*
6
7 *0*
8 *2*
9 *94344*
10
11
12 *91-8*
13 *2-0*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Dolan Twp (Rural)</i>		c. CITY OR TOWN <i>Kansas City</i>	
Length of stay in 1b <i>1 Day</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lake Annette 2 mi W of Freeman</i>		d. STREET ADDRESS (If outside, give location) <i>1723 E 48th Terrace</i>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>ORTELL</i> Middle <i>SIMPSON</i> Last <i>SIMPSON</i>		4. DATE OF DEATH Month <i>Nov</i> Day <i>6</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 11 1900</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rock Island RR</i>	11. BIRTHPLACE (City and state or country) <i>Fairfax Mo</i>
12a. FATHER'S NAME <i>Henry C Simpson</i>		12b. MOTHER'S MAIDEN NAME <i>Mary Lemond</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>1-723 E 48th Terrace</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Presumed to be "Natural Causes"</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <i>Subject was doing carpenter work</i>		DUE TO (c) <i>Apparent Heart Attack</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cass County coroner & Sheriff notified & investigated</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DISCRIBE HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <i>4:20</i> Month <i>Nov</i> Day <i>6</i> Year <i>1962</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Unattended by a physician</i>	
21. I, attended the deceased from _____, to _____, and last saw her/him alive on _____		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Per Robert Seebree</i> (Degree or title) <i>Cos. Reg.</i>		22b. ADDRESS <i>Harrisonville, Mo</i>	
22c. DATE SIGNED <i>11-9-62</i>		23a. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>	
23b. DATE <i>Nov 9 1962</i>		23c. LOCATION (City, town, or county) <i>Kansas City Mo</i>	
24. FUNERAL DIRECTOR <i>Rennenburger's</i>		25. DATE RECD. BY LOCAL REG. <i>11-9-62</i>	
26. REGISTRAR'S SIGNATURE <i>Per Robert Seebree</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 15 1962

MAR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Frank E. Kemmerling 3rd

Licensed Embalmer No. 5073

P. O. Address Harrisonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.